



THE STATE

of **ALASKA**

*Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing*

Board of Marine Pilots

PO Box 110806, Juneau AK 99811

(907) 465-2550

Email: BoardofMarinePilots@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfMarinePilots

Application for Marine Pilot License

An application for a marine pilot license will be considered complete when the following have been submitted:

- 1. A completed application form provided by the department.
- 2. \$100⁰⁰. Make check or money order payable to the "State of Alaska", or use the attached credit card payment form.
- 3. A full-sized copy of both sides of the applicant's valid United States Coast Guard license, with an endorsement of first class pilotage without tonnage restrictions for the entire region for which a marine pilot license is sought; 12 AAC 56.29(1)
- 4. A certificate of successful completion of a manned ship model course or a simulator course approved by the board, completed within the three years before the date of application for a marine pilot license. 12 AAC 56.029(a)(5)
- 5. All documentation required to demonstrate successful completion of regional experience requirements for the region for which the license is sought. 12 AAC 56.031

In addition to submitting the documentation described above, the applicant must meet the following requirements:

- 1. Possess a valid deputy marine pilot license without geographical exclusions in the region for which the marine pilot license is sought; 12 AAC 56.029(4)
- 2. Have held a valid deputy marine pilot license in Alaska for a minimum of three calendar years while remaining eligible for license renewal during this period of service without use of familiarization trips. 12 AAC 56.029(2)
- 3. Have held a valid deputy marine pilot endorsement to pilot vessels of less than 90,000 gross tons. 12 AAC 56.029(9)
- 4. Satisfaction of all additional requirements including a passing grade on the written and oral examinations required by the board. 12 AAC 56.029(7)



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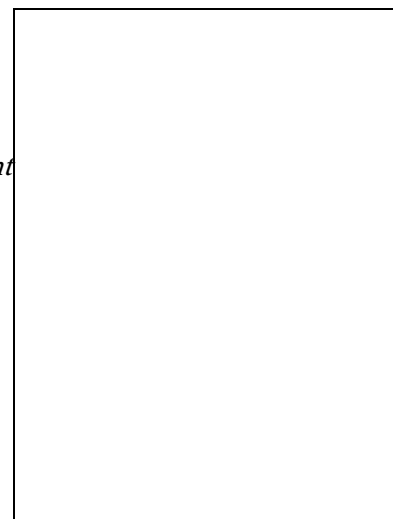
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Application for Marine Pilot License

Please provide the following information:

(Note: all information contained in this application is public unless required to be kept confidential pursuant to state or federal law.)

Name: _____

Address: _____
Street/PO Box City State Zip Code

Pilot Association Affiliation: _____ License #: _____

Contact # : _____ Email: _____

In accordance with 12 AAC 56.029 (a)(8) an applicant must be a U.S. Citizen.

I am a U.S. Citizen [] Yes [] No (If no, do not continue with this application.)

Within the immediate three years before the date of this application I have completed the approved:

[] 1) Manned ship model course OR [] 2) Simulator course

Name of course: _____

Location: _____

Completion Date: _____

Note: Certificate of Completion must be submitted with this application.

Region for which I am applying: _____

I, being duly sworn, declare that I am the person referred to in the foregoing application and that the information on the application is true and accurate to the best of my knowledge.

SIGN HERE [arrow]

Signature of Applicant

Date

SUBSCRIBED AND SWORN to before me, a notary public, in and for the State of _____ this _____ day of _____, 20_____.

Notary Public Signature

My Commission Expires: _____

SEAL



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FOR DIVISION USE ONLY

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Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: _____

Program Type: _____ License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply):

AMOUNT

Application Fee: _____

License or Renewal Fee: _____

Other (name change, wall certificate, fine, duplicate license, exam, etc.):

1. _____

2. _____

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

<p>1. Account Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Billing ZIP Code: _____</p> <p>4. Security Code: _____</p>	<p>All four fields MUST be completed!</p> <p>This section will be destroyed after the payment is processed.</p>
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